File Original with Department of Ecology Second Copy - Owner's Copy Third Copy - Driller's Copy

## WATER WELL REPORT TO THE LUCIO 94 STATE OF WASHINGTON

STATE OF WASHINGTON

Water Right Permit No \_

(1)	OWNER: Name JIM LUX	_ Add	183 113 PARK AVE LANGEY WA 1826
	LOCATION OF WELL: County 15LAND	Ň	W 1/4 NE 1/4 Sec 20 T29 N.R. 3 E WM
(2a) 	STREET ADDRESS OF WELL: (or nearest address)  TAX PARCEL NO.: R ~ 32420 435 3600	<b>F</b>	29-3E-2013
(3)	PROPOSED USE; Domestic		(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least
(4)	TYPE OF WORK: Owner's number of well (if more than one)  New Well Method:  Deepened Dug Bored  Reconditioned Cable Driven  Decommission Rotary Jetted		one entry for each change of information. Indicate all water encountered.  MATERIAL FROM TO  DIETY SAMO 0 20  COLORY SAMO 75
(5)		inches	SAND 75 94
		π.	(210) 11- 17.
` '	CONSTRUCTION DETAILS Casing Installed:  Welded Liner installed Threaded Diam. from tt. to 190 It. t	ft. ft. ft.	WATER SAND ITS 195
	Perforations:Yes  No Type of perforator used		
	Screens:         Xes         No KK-Pac Location         169           Manufacturer's Name         Cook         Model No.           Type         Slot Size         from         190         ft. to         191           Diam.         Slot Size         from         tt. to         191		JUL 2 8 1999
	Gravel/Filter packed:YesNoSize of gravel/sandft. toft. to		DEF: U
	Surface seal: Yes No To what depth?  Material used in seal	ft.	
(7)	PUMP: Manufacturer's Name		
(8)	WATER LEVELS: Land-surface elevation above mean sea level Static level 170 ft. below top of well Artesian pressure lbs. per square inch Artesian water is controlled by	ft.	Work Started Just 95 Completed July 2. 99
	(Cap, valve, etc.)		WELL CONSTRUCTION CERTIFICATION:
(9)	WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? □ Yes ♣No If yes, by whom?  Yield:gal /min. with	hrs. hrs. hrs.	I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and ballet Type or Print Name ** ** ** ** ** ** ** ** ** ** ** ** **
	Recovery data (time taken as zero when pump turned off) (water level measured frowell top to water level)  Time Water Level Time Water Level Time Water		Trainee NameLicense No  Drilling Company WHIDRE Y DR WEELS  (Signed License No /2-5)  (Licensed Driller/Engineer)
	Date of test  Bailer test  Ogal /min. with  Artest  Gal./min, with  Gal./min, with  Gal./min. with	_hrs.	Address ON HARBUR WI 987- Contractor's Registration NWHN 28 MM Date July 2,79 (USE ADDITIONAL SHEETS IF NECESSARY)
ECY	Temperature of water Was a chemical analysis made? ☐ Yes No 050-1-20 (11,98)		Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (360) 407-6600. The TDD number is (360) 407-6006.